

LIFETIME LICENSE APPLICATION

GRATIS OVER 65 LICENSE & DISABILITY LICENSE APPLICATION

SCDNR, PO Box 11710, Columbia SC 29211



Lifetime Licenses available to South Carolina **residents only**. Resident means any person who is a citizen of the United States and who has been a domiciled resident of the state of South Carolina for a period of 180 consecutive days or more immediately prior to the date of application for license. A copy of a South Carolina driver's license or reasonable proof of residency must accompany application. (Ownership of property or payment of property taxes or both does not necessarily constitute residency.) *Please type or print:*

DNR

APPLICANT'S NAME Last _____ First _____ Initial _____

ADDRESS Street _____ City _____, SC Zip Code _____
(If Post Office Box is given, list actual street location also)

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____
Month Day Year Required for age 1 and up.

SC DRIVER'S LICENSE NO. (enclose copy) _____ RACE _____ SEX Male _____ Female _____

COUNTY OF RESIDENCE _____ TELEPHONE NUMBER _____

- | | | |
|--------------------------|---|----------|
| <input type="checkbox"/> | LIFETIME FISHING | \$300.00 |
| <input type="checkbox"/> | LIFETIME HUNTING (Small Game Only) | \$300.00 |
| <input type="checkbox"/> | LIFETIME COMBINATION (Under 2 years of age) | \$300.00 |
| <input type="checkbox"/> | LIFETIME COMBINATION (2 to under 16 years of age) | \$400.00 |
| <input type="checkbox"/> | LIFETIME COMBINATION (16 to under 64 years of age) | \$500.00 |
| <input type="checkbox"/> | LIFETIME COMBINATION (Age 64 or older)(submit a copy of your SC driver's license) | \$9.00 |

NOTE: Lifetime licenses listed above do not include saltwater fishing license, state or federal duck stamps, migratory bird permit or WMA Permit. Combination License includes fishing, hunting & big game only. A copy of a certified birth certificate must accompany applications for lifetime licenses for all persons under 16. Hospital copies will not be accepted and copies of birth certificates cannot be returned. At age 65, this license automatically carries the same privileges as the Gratis over 65. (See privileges for Gratis over 65 listed below)

Hunter Education is required for persons born after June 30, 1979. If you have completed a Hunter Education course, show state and Hunter Education number. STATE _____ HUNTER EDUCATION NO. _____

I understand that persons whose privileges are suspended are not eligible to apply for, hold, or use SCDNR licenses, permits, stamps, or tags and that the information provided above is true and correct.

Date _____ Signature of Applicant _____ Amount of Check \$ _____

MAKE CHECK PAYABLE & MAIL TO: South Carolina Wildlife Endowment Fund, SCDNR, PO Box 11710, Columbia, SC 29211.

Complete personal information above and return entire page to address listed at the top of form.

- | | | |
|--------------------------|--|------|
| <input type="checkbox"/> | GRATIS LICENSE FOR PERSONS OVER 65 (submit a copy of your SC driver's license) | FREE |
| | PRIVILEGES: Valid for hunting, fresh & saltwater fishing, big game, wildlife management area, state duck stamp | |
| <input type="checkbox"/> | GRATIS LICENSE FOR DISABLED PERSONS (See criteria below.) | FREE |
| | PRIVILEGES: Valid for hunting, fresh & saltwater fishing, big game, wildlife management area, state duck stamp | |

SC Code of Law, Sec. 50-9-510 (16) provides that any person who has been a domiciled resident of South Carolina for at least one year and who is determined to be totally disabled under one of the programs listed below, may obtain a statewide fishing and hunting license. It is valid only for three years and disability recertification will be required for renewal. Any person with quadriplegia or paraplegia who is certified as totally disabled will not have to obtain a disability recertification. The license, when issued, will be permanent.

Check the program below that has certified you as disabled and attach a recent or current copy of such agency certification to this form.
Application forms received without such documentation will be returned to the applicant.

_____ Social Security Administration*
_____ SC State Retirement System
_____ US Dept. of Veterans Affairs

_____ Federal Civil Service
_____ Railroad Retirement Board
_____ Medicaid Assistance

*If you are currently receiving disability benefits from Social Security, please attach a current copy of your Benefits Verification Statement to this application. You may request the Benefits Verification Statement from Social Security by calling toll free 1-800-772-1213.

I understand that persons whose privileges are suspended are not eligible to apply for, hold, or use SCDNR licenses, permits, stamps, or tags and that the information provided above is true and correct.

Applicant's Signature

Date